FRI ENDSHIP 53934 Phone: (608) 339-3331 Operated from 1/1 To 12/31 Days of Operation: 366 Operate in Conjunction with Hospital? Yes Number of Beds Set Up and Staffed (12/31/00): 18 Total Licensed Bed Capacity (12/31/00): 18 Number of Residents on 12/31/00: 17

PO BOX 40, 402 WEST LAKE

Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified?
Average Daily Census:

Nonprofit Church-Related

Skilled

No

No

18

17 \* Age, Sex, and Primary Diagnosis of Residents (12/31/00) Services Provided to Non-Residents Length of Stay (12/31/00) Age Groups Home Health Care No Primary Diagnosis Less Than 1 Year 23.5 Supp. Home Care-Personal Care No 1 - 4 Years 47. 1 Supp. Home Care-Household Services 29.4 Developmental Disabilities 5. 9 Under 65 0.0 More Than 4 Years No Day Services Mental Illness (Org. /Psy) 17.6 No 17. 6 65 - 74 Respite Care No Mental Illness (0ther) 5.9 75 - 84 35. 3 100.0 Adult Day Care Alcohol & Other Drug Abuse 0.0 85 - 94 47. 1 Yes Adult Day Health Care Para-, Quadra-, Hemiplegic Full-Time Equivalent No 0.0 95 & 0ver 0.0 Nursi ng Staff per 100 Resi dents (12/31/00) Congregate Meals No Cancer 0.0 Home Delivered Meals Fractures 100.0 No 5.9 Other Meals Cardi ovascul ar 5.9 65 & 0ver 100.0 No Transportation No Cerebrovascul ar 47. 1 RNs 9.0 Referral Service No Di abetes 11.8 Sex LPNs 15.8 Other Services Nursing Assistants No Respi ratory 0.0 Provide Day Programming for Mentally Ill Other Medical Conditions Male 17.6 Aides & Orderlies 40.9 0.0 No Femal e 82. 4 Provi de Day Programming for 100.0 Developmentally Disabled No 100.0

## Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)			0ther		Private Pay			Managed Care				Percent	
	3.7	0/	Per Di em		0/	Per Di e		0/	Per Dien			Per Dien			Per Diem		Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
7			***														
Int. Skilled Care	0	0.0	<b>\$0. 00</b>	1	9. 1	\$133.80	0	0. 0	<b>\$0. 00</b>	U	0. 0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	1	5. 9%
Skilled Care	0	0. 0	<b>\$0. 00</b>	8	72. 7	\$112. 38	0	0.0	<b>\$0. 00</b>	6	100. 0	\$117.00	0	0.0	<b>\$0. 00</b>	14	82. 4%
Intermedi ate				1	9. 1	\$90. 96	0	0.0	<b>\$0. 00</b>	0	0. 0	<b>\$0. 00</b>	0	0.0	\$0.00	1	5. 9%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0. 0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				1	9. 1	\$173.07	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	5. 9%
Traumatic Brain Inj		0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	<b>\$0.00</b>	0	0. 0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	nt O	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Total	0	0.0		11 1	100.0		0	0.0		6	100.0		0	0.0		17	100.0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needing Total Assistance of Percent Admissions from: Activities of % Totally Number of Private Home/No Home Health 0.0 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 28. 6 Baťhi ng 5. 9 41.2 52. 9 17 23. 5 Other Nursing Homes 14. 3 Dressi ng 17.6 58.8 17 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferring 58.8 28.6 11.8 29.4 17 0.0 Toilet Use 17. 6 35. 3 47. 1 17 0. 0 Eating 58.8 29.4 11.8 17 Other Locations 28.6 \*\*\*\*\* Total Number of Admissions Continence Special Treatments Receiving Respiratory Care
Receiving Tracheostomy Care
Receiving Suctioning
Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 0.0 0.0 Private Home/No Home Health 0.0 Occ/Freq. Incontinent of Bladder 82.4 0.0 Private Home/With Home Health **25.** 0 Occ/Freq. Incontinent of Bowel 64.7 0.0 Other Nursing Homes 0.0 0.0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 0.0 5. 9 Mobility Physically Restrained 0.0 0.0 41.2 0.0 Other Locations 0.0 Skin Care Other Resident Characteristics Deaths 75.0 With Pressure Sores 11.8 Have Advance Directives 100.0 Total Number of Discharges With Rashes Medi cati ons 0.0Receiving Psychoactive Drugs (Including Deaths)

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	Thi s	Other Hospital-	All
	Facility	Based Facilities	Facilties
	%	% Ratio	% Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	100. 0	87. 5 1. 14	84. 5 1. 18
Current Residents from In-County	82. 4	83. 6 0. 98	77. 5 1. 06
Admissions from In-County, Still Residing	<b>57.</b> 1	14. 5 3. 94	21. 5 2. 66
Admissions/Average Daily Census	38. 9	194. 5 0. 20	124. 3 0. 31
Discharges/Average Daily Census	44. 4	199. 6 0. 22	126. 1 0. <b>3</b> 5
Discharges To Private Residence/Average Daily Census	11. 1	102. 6 0. 11	49. 9 0. 22
Residents Receiving Skilled Care	88. 2	91. 2 0. 97	83. 3 1. 06
Residents Aged 65 and Older	100. 0	91. 8 1. 09	87. 7 1. 14
Title 19 (Medicaid) Funded Residents	64. 7	66. 7 0. 97	69. 0 0. 94
Private Pay Funded Residents	35. 3	23. 3 1. 51	22. 6 1. 56
Developmentally Disabled Residents	5. 9	1.4 4.30	7. 6 0. 77
Mentally Ill Residents	23. 5	30. 6 0. 77	33. 3 0. 71
General Medical Service Residents	0. 0	19. 2 0. 00	18. 4 0. 00
Impaired ADL (Mean)*	64. 7	51. 6 1. 25	49. 4 1. 31
Psychological Problems	23. 5	<b>52.</b> 8 <b>0.</b> 45	50. 1 0. 47
Nursing Care Required (Mean)*	7.4	7.8 0.94	7. 2 1. 03